

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031371

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4355

STATE FILE NUMBER

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

GENERAL HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR TOWN

KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
2008 KENSINGTONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LEE

Middle

ROY

Last

WARE, SR.

4. DATE
OF DEATH

Month

AUGUST

Day

21,

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-2-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

BUILDING CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY

CONTRACTING

11. BIRTHPLACE (City and state or country)

MANDYVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JASPER WARE

13b. MOTHER'S MAIDEN NAME

BLANCHE LONG

14. NAME OF HUSBAND OR WIFE

JENNIE JUNE WARE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

17. INFORMANT

Address

Elizabeth Kepley, 4225 So. Pleasant, Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Stroke & Hemorrhage resulting
from crushing injuries of chest
and multiple lacerations of liverINTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Trunk car collision

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m. 8-21-62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Street

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson Mo

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Geo. C. Carson, M.D., M.P.H., M.P.A., M.P.S.

22b. ADDRESS

6627 Pearl St. S.W.

22c. DATE SIGNED

8-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

8-24-62

23c. NAME OF CEMETERY OR CREMATORY

EXCELSIOR SPRINGS CEMETERY

23d. LOCATION (City, town, or county)

EXCELSIOR SPRINGS, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

8-24-62

26. REGISTRAR'S SIGNATURE

Blanche Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Geo. C. Kealhofer MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

23 238

3

4 0

5 1

6

7 0

8 1

9 X

10

11 123

12 57-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Franklin E. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.